

State of California
Department of Pesticide Regulation
TRAVEL EXPENSE CLAIM
DPR-027 (Rev. 3/04)

See Instructions and Privacy Statement on Reverse Side

Page 1 of 1

<input type="checkbox"/> Out-of-State Trip No. _____		<input checked="" type="checkbox"/> Travel		<input type="checkbox"/> Training	
Claimant's Name Mary-Ann Warner			Telephone Number 916-445-4000		Employee Number E000113420
Home Address		City	State	Zip Code	Position Director
Headquarters Address 1001 I Street		City Sacramento	State CA	Zip Code 95814	Branch Executive Office
					CB/Ino. Exempt

(1) Month/Year 2/10	(2) Time Depart Return	Date	(3) Location Where Expenses Were Incurred (Between what Points)	(4) Lodging	(5) Meals			(6) Incid'l	(7) Transportation				(8) Business Expense	(9) Total Expenses for Day
					Breakfast	Lunch	Dinner		(A) Cost	(B) Type	(C) Tolls Carfare Pkg.	(D) Private Car Miles Amt.		
1100		10	Sacramento to Visalia			10.00	18.00			SC				28.00
	1700	11	Visalia to Tulare to Sacramento		6.00	10.00		6.00		SC				22.00
			PURPOSE: AG LEADERSHIP AND TULARE CAC MEETINGS											0.00
														0.00
1200		16	Sacramento to San Francisco	161.81			18.00		30.00	SC, T	59.86			269.67
	1400	17	San Francisco to Sacramento		6.00	10.00		6.00	10.00	T, SC	4.00			36.00
			PURPOSE: SPEAK AT INFORMEX FAIR, MEETINGS w/USEPA & CAC											0.00
														0.00
1200		24	Sacramento to Monterey	138.65			18.00			SC				156.65
	1700	25	Monterey to Salinas to Sacramento		6.00	10.00		6.00		SC	4.00			26.00
			PURPOSE: AG SAFE CONFERENCE											0.00
														0.00
Sub Total (Acct. Use Only)														
TRAVEL ADVANCE				\$ 200.00										
(10) CLAIM TOTAL				\$ 538.32										

(11) Purpose of Trip, Remarks & Details

2/10:(4): no hotel charge--employee stayed with family

2/16:(7)(A): taxi fares (receipts attached)

2/16:(7)(C): \$55.86 for parking at hotel (itemized on hotel receipt); \$4 for bridge toll (receipt attached)

2/17:(7)(A): taxi fare (receipt attached)

2/17:(7)(C): bridge toll (receipt attached)

2/25:(7)(C): bridge toll (no receipt)

(12) Normal Work Hours
0800-1700

(13) Private Vehicle License No.

(14) Mileage Rate Claimed

(15) I HEREBY CERTIFY, that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750 - 0754 pertaining to vehicle safety and seat belt usage.

Claimant

Date

03.15.10

(16) Signature of Officer Approving Travel and Payment

Special Expense Authorization (See item 17 on reverse)

(18) Program Use				Accounting Use Only					
Index	PCA	%		Obj. Code	Amount	Tax	Non-Tax	Check Number	TEC Amt. Due
2100	13000	100							

Forward original and one copy, with required vouchers/receipts, (original and one copy), to DPR's Accounting Office